

## Small Communities Environmental Survey

Name of Town: \_\_\_\_\_

Location: \_\_\_\_\_  
(If different from mailing address) (Street Address) (City) (State) (Zip Code)

Name & Title of Person completing Survey: \_\_\_\_\_

Number of Staff : \_\_\_\_ Telephone #: ( \_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_ ) \_\_\_\_\_

### **A. TECHNICAL ASSISTANCE at Town FACILITIES**

1. Does your Town have an Environmental Management System? Y\_\_\_ N\_\_\_
2. Are you or other staff familiar with Storm water - Best Management practices? Y\_\_\_ N\_\_\_
3. Would you like to attend a free workshop training to train your very own staff person in Storm Water compliance matters? Y\_\_\_ N\_\_\_
4. In what areas of your Town's operations would you feel environmental assistance is needed?  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
5. Would any of your Town construction projects disturb more than 1acre of Land? Y\_\_\_ N\_\_\_
6. Do you require Town projects to have an environmental plan check or review? Y\_\_\_ N\_\_\_
7. Are operations and maintenance activities involving insecticides and pesticides handled by city staff or contract? \_\_\_\_\_ Y\_\_\_ N\_\_\_
8. Are there privately owned facilities in your city that require a storm water permit? Y\_\_\_ N\_\_\_
9. Is staff available to handle/address environmental issues for your Town? Y\_\_\_ N\_\_\_
10. Does your Town have a local ordinance controlling the improper disposal and discharge of pollutants to the municipal storm water drain system? Y\_\_\_ N\_\_\_
11. Does your town need help understanding environmental rules or requirements? Y\_\_\_ N\_\_\_
12. Do you have a Power plant, construction activity, or other facility owned or operated that needs a permit? Y\_\_\_ N\_\_\_

13. Does your Town have and operate large boilers or emergency generators Y\_\_\_ N\_\_\_

**B. GENERAL OBSERVATIONS at Town FACILITIES**

Please use the information below to help you assess whether your community has some environmental issues. Feel free to complete and return by fax. We will use the information to develop materials to help you address any checked item(s).

Have you observed any of the following at a Town facility?		Y- yes	N - no
Dust?	_____	Stressed Vegetation?	_____
Odors?	_____	Stressed, Dead, or dying wildlife	_____
Spillage?	_____	(animal, fish, etc.)?	_____
Leachate?	_____	Leaks?	_____
Smoke?	_____	Open Burning?	_____
Poor Housekeeping?	_____	Monitoring Wells?	_____
Poor Maintenance?	_____	New Construction?	_____
		(Excavation/Grading Demolition)	_____
Discolored Water?	_____	Discolored Soil?	_____

Please provide a Description for any Items Checked and comments or questions on Environmental matters in your community.

**COMMENTS:** \_\_\_\_\_

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